

# Aequanimitas



A twice yearly newsletter for current and former  
Johns Hopkins Medicine housestaff and friends

## My Turn

The field of internal medicine is changing, and likewise our housestaff are pursuing broader career paths, with very considerable successes.

Take recent graduate Anand Parekh. He was initially interested in cardiology and we introduced him to some public policy leaders. He then worked for the Department of Homeland Security, allocating resources for the prevention of health injuries during disasters. Today he's the deputy assistant secretary for health at the Department of Health and Human Services.

Scott Berkowitz, a cardiology and geriatrics research fellow, took on a two-year National Institutes of Health training grant that put him at the center of new health care legislation working on Medicare policies. He has been helping educate people at Hopkins about where health care is going and how we can prepare.

Our faculty create opportunities for housestaff to get involved in outcomes research as well as traditional basic science and clinical research. We also have students interested in worldwide health, conducting research projects in tuberculosis and hepatitis C in Africa.

All of this diverse activity is supported by gifts from Osler alumni to the housestaff through the Osler Fund. Let's keep it going.

Mike Weisfeldt, Director  
Department of Medicine

## More Rest, Less Learning?

Residency directors tackle the challenge of keeping Hopkins' unique medical training tradition intact in fewer hours.

**J**UST A FEW YEARS AFTER the Accreditation Council for Graduate Medical Education stunned the academic medical community with 80-hour caps on residents' work weeks, the organization this fall delivered a new set of challenges.

On Sept. 28, the ACGME approved revised standards—based on recommendations made by the Institute of Medicine (IOM) in 2008 and evidence collected during a scientific literature review of sleep issues, patient safety and resident training—that reduce duty periods for first-year residents to no more than 16 hours a day (compared to a typical 30-hour shift) and establish a number of changes regarding supervision of residents and transitions of patient care. ACGME also added requirements for alertness management and fatigue mitigation strategies. The standards take effect July 1, 2011.

The rules saddened most housestaff, including intern Laura Cappelli, who say they particularly sought out Johns Hopkins for its rigorous training.

"I really like the way we



Laura Cappelli is among the housestaff who prefer the status quo.

have call now," Cappelli says. "It really helps learning to be with the patient in the first few critical hours of admission and see how they progress. You just stay until you need to, to get everything done to take care of patients."

House officer Brian Houston and other internal medicine housestaff had sent a letter to the ACGME task force that was considering the changes, stating that Hopkins' program allowed them to become "physicians who

do not let the clock determine our level of commitment to our patients, and who value residency as the time to learn how diseases and conditions evolve in the critical hours following admission. Many of our most prized learning experiences occur in the final six hours of our post-call day."

When the changes were approved, Houston says, he and his colleagues "felt like the program was taken out from under us."

*(Continued on page 2)*

# An Ending and a New Beginning

IT IS WITH INCREDIBLE AMBIVALENCE that I write my last column for *Aequanimitas*.

Last week, the School of Medicine signed an agreement with a public-private partnership in Malaysia to collaborate on opening their first post-graduate medical school and integrated academic medical center. I will be moving to Kuala Lumpur in January to be the founding dean/CEO of Perdana University Graduate School of Medicine/Hospital. Our goal is to create a Hopkins-quality school that will transform health care delivery, education and research in Malaysia and Southeast Asia. We hope to set up a research infrastructure and enroll the first class in September 2011 in interim facilities. I am already working on recruiting students and faculty to join me as pioneers at the new school.

I was honored (and intimidated) when Johns Hopkins Medicine Dean/CEO Edward Miller asked me to take on this challenge. It is an incredible opportunity to export all the great things I've come to love about Hopkins to a new environment that is asking us to be colleagues in raising national standards in medicine. It also comes at a time in life when my wife, Anne (who is my first faculty recruit),



and I are able to consider an international adventure.

Still, it is hard for me to imagine leaving the Osler Program. My wonderful 11 years as program director and the opportunity to work with 44 ACSs and over 350 housestaff have been the greatest professional honor in my life. To leave the current housestaff midstream and move across the globe has been a heart-wrenching decision. However, I am grateful that my close friend and colleague, Pat Thomas, will be taking over as vice chair for education permanently and as program director from January through June. In June, former Barker ACS Sanjay Desai will become program director. I'm confident knowing that Pat and Sanjay along with our associate program directors, Lenny Feldman and Steve Sisson,

will continue the excellence of the program.

The Osler Program is facing a major challenge to its identity this summer as the ACGME institutes more stringent work-hour restrictions that are particularly threatening to our intern as "point-of-the-wedge" pedagogical philosophy. I am so proud of how our faculty, incoming ACSs and housestaff are working together to maintain our core values of clinical excellence, accountability and leadership development in designing a new call structure that complies with the ACGME rules.

Finally, thanks to all of the alumni who have been so supportive of the Osler Program over the last decade. I am constantly aware that I "report" to you and am responsible for maintaining the quality of the Osler experience that so many of you treasure. Please continue your spiritual and financial support of the program leadership, the graduates and the Osler Fund for Scholarship.

I look forward to seeing you at a future Osler Housestaff Reunion or in Kuala Lumpur.

Charles Wiener, Director  
*Osler Medical Training Program*

## More Rest Less Learning? (from page 1)

Schoolwide, residency directors are scrambling to develop plans to meet the new goals by July, says Julia McMullan, associate dean for graduate medical education. Educators want residents to spend the majority of their training during daytimes to take maximum advantage of the clinics and operations in session, as well as access to more staff.

"If you take people who have been working 24 hours a day, and you slice that in half, someone still needs to care for patients," she says. "We have to try to figure out how to replace those people and still care for the same number of patients," which likely will include hiring additional nurses, physician assistants

and other allied health professionals.

In the Department of Medicine, Director Mike Weisfeldt and Associate Director Susan MacDonald remain confident that faculty leaders will develop a plan of action and trial it twice before July 1.

"We will best decide how to adhere adamantly to the rules while maintaining the spirit of the Osler tradition," MacDonald says. "We are extremely interested in producing not only excellent physicians but leaders in medicine."

Adds Weisfeldt, "I think we will be able to preserve the core experience for our interns and housestaff while adhering to the duty hours changes, but it will

take very serious changes in how we pass patient care responsibility from one physician to another."

The fully automated electronic patient record will help significantly, he notes: "If there's a question or someone needs information, there will never be a chance that the house officer can't read someone's handwriting or can't find a note."

Weisfeldt says he understands the concerns about fatigue: "Things are more rapid now, and we move more patients through the system than when I was a resident, or even than 10 years ago. We need brighter, more alert residents."

For more information about the new standards, [www.acgme.org](http://www.acgme.org). ■

# Beyond the Dome

**William G. Kaelin Jr.:** Osler Alum and Professor of Medicine at Dana-Farber Cancer Institute

**B**ILL KAELIN WAS IMPRESSED WITH JOHNS HOPKINS well before starting his internship in 1983. Many faculty members at Duke University Medical School, where Kaelin studied, had ties to Hopkins and instilled in students a sense of its importance in history. Then, an attending physician who had trained on the Osler housestaff called former cardiology chief Ken Baughman to recommend Kaelin for residency. Kaelin's appreciation for Hopkins only grew while he was here.

Today he's a professor of medicine at Dana-Farber Cancer Institute and Harvard Medical School in Boston, and a Howard Hughes Medical Institute investigator. His laboratory uses biochemical, cell-based and animal-based assays to study how tumor suppressor proteins regulate tumor growth.

In October, Kaelin received a Canada Gairdner Award, a prestigious medical research honor, for work identifying the molecular mechanisms that allow cells to detect a shortage of oxygen and respond by making new red blood cells and blood vessels. Hopkins' Gregg Semenza, director of vascular cell engineering, was a co-recipient.



## **Aequanimitas: How was your experience in the Osler service?**

**Kaelin:** I really enjoyed being at a place where the housestaff are given so much responsibility for patients. It's a real "learn by doing" environment. I loved the esprit de corps among the housestaff, having access to so many world-class physicians and being a part of medical history. It permeates the walls. I have maintained professional friendships with a number of my classmates for years, including [Hopkins' Vice Dean for Research] Chi Van Dang, with whom I share common scientific interests.

## **Aequanimitas: How did your training here influence your career?**

**Kaelin:** As a resident, and certainly by the time I was chief resident, I was ex-

pected to know something about rare, eponymous diseases. One that interested me was von Hippel-Lindau syndrome [an inherited disorder characterized by abnormal blood vessel growth and a predisposition to kidney cancer]. From its unusual clinical features, I thought the gene responsible would play a role in how cells and tissue respond to changes in oxygen. The gene was isolated in 1993 by a group at the National Cancer Institute, and we have since built upon that work in my lab. It's been a very fruitful line of inquiry.

## **Aequanimitas: You recently made a gift in memory of Ken Baughman. Tell us about your relationship with him.**

**Kaelin:** Even before I met Ken, he played a role in my admission. As a

house officer, I had to quickly decide who would be my "go-to" attendings whenever I needed help. It was evident that Ken Baughman would be one of those whose advice you could trust. He was the "doctors' doctor," and the person to go to with perplexing cases. He would offer me advice on repeated occasions.

I once asked him to do a consult on a patient I had seen on the oncology service, who I was up with all night and who died the next day. I told Ken, "I know this is an unusual request, but could you review his case and let me know what I did wrong?"

He did bring his team by and reviewed the case, and he handed me an effectively blank consult sheet. It was his way of confirming that there was nothing I could have done to save that patient.

Years later, in Boston [when Baughman was on faculty at Brigham and Women's Hospital], he not only cared for my wife, who developed some arrhythmias during her adjuvant breast cancer treatment, but he became my cardiologist as well. We served together on a promotions committee at Harvard and shared our interest in athletic events. He was an avid triathlete, and I've participated in a 192-mile bike ride that supports cancer research at Dana-Farber.

## Not to be missed

Plan now to attend the Osler Housestaff Reunion and Dinner on **Friday, June 10, 2011**, during the School of Medicine's Biennial Celebration. It's the perfect way to reconnect and reminisce with your Osler colleagues. You'll soon receive all the details about this long-standing Hopkins tradition, but be sure to mark your calendar today so you won't miss an outstanding weekend. Don't know if we have your correct address? Call 410-516-6502 or e-mail [emuscat2@jhmi.edu](mailto:emuscat2@jhmi.edu).

Update on Osler Residents

**Kia Afshar, Michael Grunwald, Colleen Harrington and Rakhi Naik** Assistant Chiefs of Service

This year's assistant chiefs of service say they're in it for the teaching.

"It's really an amazing position," says Colleen Harrington, a cardiology fellow working as the Longcope firm's ACS. "I wanted to be a role model and a mentor guiding new medical students through their hardest year, and be that constant factor on the Osler team. Seeing them grow—from their bedside manner to their physical exam skills and developing a differential diagnosis—is very rewarding."

As an added bonus, Harrington says, she has enjoyed getting to know her patients and their families.

"I was excited about the opportunity to become a better teacher, a better doctor and a better leader," says Michael Grunwald, a medical oncology fellow serving as the ACS for the Janeway firm. "So far I'm enjoying it a lot. I'm also learning how to mentor students and gaining better knowledge about disease states from the patients and the other doctors around me."

Kia Afshar, a cardiology fellow leading the Thayer firm, says he has been contem-



L to r, Kia Afshar, Michael Grunwald, Colleen Harrington and Rakhi Naik

plating a career in academic education, and the ACS experience offers him a chance to try it out and to learn much more about internal medicine.

"I love this hospital and I love this program," he says. "It's extremely fun to be around young, enthusiastic people and to help mold the way they think through things."

Rakhi Naik, a hematology fellow heading up Barker, says she had an additional agenda. Married and a new mother to a 6-month-old son, she wanted to show that any resident can do the ACS year.

"It doesn't have to be a male-dominated position or one just for single people," she says. "It is a difficult but very rewarding experience." ■

Help Us Prepare the Next Generation

The Osler Fund can fortify the learning experience of our residents by allowing them to take advantage of educational opportunities beyond their programmatic training.

Every day, the Department of Medicine receives requests from residents who want to attend meetings where new clinical techniques will be presented or experts will share new knowledge in a particular field. Funding those trips becomes expensive. And yet, they are a vital part of Hopkins training.

The Osler Fund pays for these opportunities and also for a multitude of other enriching experiences: individual research projects, interesting academic and clinical activities, and national poster presentations.

Please continue to invest in the future of our housestaff by making a gift to the Osler Fund.

If you are interested in supporting our housestaff, please send your tax-deductable contribution in the enclosed envelope or donate online at [hopkinsmedicine.org/Medicine/hstrainingprogram/philanthropy.html](http://hopkinsmedicine.org/Medicine/hstrainingprogram/philanthropy.html)

Want to know more? Contact:

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